$T_{\it eachers'} R_{\it etirement Preparation Seminar}$



Offered by the RETIREMENT SYSTEMS OF ALABAMA

2017 REGISTRATION FORM

Applicant's Name:				
Last		First	Middle Initial	
Mailing Address:				
	(Mail	ing Address)		
Sex:MaleFemale				
	(City)	(State)	(ZIP)	
PID Number:	(and/or) So	(and/or) Social Security Number:		
Date of Birth:	E-mail Ad	ddress:		
Phone: Work: ()	Home: () Cell	: ()	
Who is your employer?				
*Number of Years in TRS:	**Pro	pposed Retirement Date:		
* (Do not include service cred ** (Date will be used to calcu			lit as of today.)	
Number of sick days to us	e toward service o	redit?		
Will your spouse or a gues	t be attending? \Box	Yes □ No <u>If yes, name</u>	spouse/guest below	
Name of spouse/guest <u>if a</u>	ttending seminar:			
Seminar Choices: 1st Choices	ce .			
	(Date)	(Location)		
2 nd Choi	ce			
	(Date)	(Location)		
Signature of Applicant:				

To be eligible to attend a Retirement Preparation Seminar, a member must be within at least 5 years of retirement eligibility. That is: a member must have <u>at least 20 years of service credit</u> - regardless of age, <u>OR</u> must be <u>at least age 55 with at least 5 years of service credit</u>.



Mail Registration form to:

Retirement Systems of Alabama Field Services Division PO Box 302150 Montgomery, AL 36130-2150 (877) 517-0020

No registration forms will be accepted by fax or e-mail.

Remember:

These are **full-day seminars**. No one-on-one appointments will be available at the seminar.